## **TRANSACTION SLIP**

## Time Stamp:



Distributor Code ARN- 54854	Sub-Distributor Code	Internal Coo Sub-broker/ Er		EUIN No.
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. Transaction charges if applicable shall be deducted.				
EUIN Declaration	UIN box has been intentionally left blank by me dvice by the employee/relationship manager in-appropriateness, if any, provided by the em or has not charged any advisory fees on this tra	r/sales person of the above distrib ployee/relationship manager/sales pe	utor or Eirct Hold	er Second Holder Third Holder
Mobile No. +91	E-mail ID			
ADDITIONAL PURCHASE REQUEST				
Scheme BNP Paribas				Plan Regular Direct
Option Growth Dividend-Pa	ayout Dividend-Reinvestment	Dividend Frequency		/Monthly/Quarterly/Half Yearly/Yearly)
I/We would like to purchase units of the above mentioned scheme. Amount in Rs. (in figures)				
Payment Options         Cheque/DD         RTGS/NEFT         Transfer         Others				
Instrument No Bank & Branch Name				
SWITCH				
From Scheme BNP Paribas		se mention scheme name)		Plan Regular Direct
Option Growth Dividend-Pa	ayout Dividend-Reinvestment	Dividend Frequency		/Monthly/Quarterly/Half Yearly/Yearly)
Amount in Rs. (in figures) OR Units OR Entire Units				
To Scheme BNP Paribas		se mention scheme name)		Plan Regular Direct
Option Growth Dividend-Pa	ayout Dividend-Reinvestment	Dividend Frequency	(Dally/weekly	/Monthly/Quarterly/Half Yearly/Yearly)
REDEMPTION				
Scheme BNP Paribas		ention scheme name)		Plan Regular Direct
Option         Growth         Dividend-Payout         Dividend-Reinvestment         Dividend Frequency         (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly)           I/We would like to purchase units of the above mentioned scheme.         I/We would like to purchase units of the above mentioned scheme.         I/We would like to purchase units of the above mentioned scheme.				
Amount in Rs. (in figures) OR Units OR Units OR Control of the above mentioned solution.				
Please credit the redemption proceeds to the following Bank Account which has been registered with you (Applicable only in case multiple banks are registered. Bank details				
are not required to be mentioned if the proceeds are required to be credited in the default bank mandate registered in the folio).				
Bank Name Account No.				
FATCA DETAILS For Individual (Mandatory)Non Individual investors including HUF should Mandatorily fill separate FATCA detail form				
Details under Foreign Tax Laws: Place & Country of Birth	First / Sole Applicant / Guardi	an Secol	nd Applicant	Third Applicant PoA
Nationality	OIndian OUS Others (Please		Others (Please Speci	fy/         Indian         US         Others         (Please Specify)
Address Type Are you a tax resident (i.e. are you ass	Residential      Registered Office      B		gistered Office OBusiness	Residential      Registered Office  Business se provide information below)
Country of Tax Residency			in tes, pleas	
Tax Identification Number or Functional Equivalent	-			
Identification Type (TIN or Other, please specify) If TIN is not available, please tick	Reason O A O B O C (Please S)	pecify) Reason O A O B (	C (Please Specify)	$ Reason \bigcirc A \bigcirc B \bigcirc C $ (Please Specify)
Country of Tax Residency			) (	
Tax Identification Number or Functional Equivalent Identification Type (TIN or Other, please specify)				
If TIN is not available, please tick	Reason O A O B O C (Please S	pecify) Reason OA OB (	C (Please Specify)	Reason $\bigcirc A \bigcirc B \bigcirc C$ (Please Specify)
Reason A: The country where Account Holder i	s liable to pay tax does not issue TIN to its n	esidents Reason B: No T		ly if the authorities of the respective country of tax residents
do not require the TIN to be collected) ADDITIONAL KYC DETAILS	Reason C: others, please specify the reas	son above		
	ole Applicant / Guardian	Second Applican	t	Third Applicant
Occupation       Pvt. Sector Service       Pub. Sector Service       Ovt. Sector Service       Pvt. Sector Service       Ovt. Sector Service				
Net Worth (₹)		Below 1 Lac 0 1-5 Lacs 5- > 25 Lacs - 1 Crore > 1 Crore OF		9 Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs > 25 Lacs - 1 Crore ○ > 1 Crore OR Net worth ₹
Politically Exposed Person (PEP) Status	am Related to PEP O Not Applicable	I am PEP I am Related to PE	P O Not Applicable	I am PEP I am Related to PEP Not Applicable
X Sole / First / POA Holder /	Guardian	Second Account Holder	X	Third Account Holder

Instrument no./ dated/ bank name

Received, subject to realization, verification and conditions, an application for in folio no. Amount/ Units Scheme Name To Scheme (for switches)

